

<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
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☐ Spring ☐ Fall ☐ Special    Pre-Primary \_\_\_\_\_    ☐ Continuing Report due Jan. 15, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special    Pre-Election ☒    ☐ Continuing Report due July 15, \_\_\_\_\_  
☐ Continuing Report due 4<sup>th</sup> Tues Sept., 2018

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Jacob Poolham  
 Name of Candidate or Committee (in full)

419 S FISK ST Green Bay 54303  
 Address

920-321-4522  
 Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate	Date	Email Address
<u>Jacob Poolham</u>	<u>9/4/2018</u>	<u>jtpoolham@yahoo.com</u>

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
 Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)



**Short Form for use**  
**“No Activity” Reporting**

**\*\*\*End of Report\*\*\***

# CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

## COMMITTEE IDENTIFICATION

Name of Committee

Friends of VanderLeest

Street Address

1616 9th Street

City, State and Zip Code

Green Bay, WI 54304



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

## NAME OF REPORT

☐ January Continuing \_\_\_\_\_

☐ Pre-Primary \_\_\_\_\_

☐ July Continuing \_\_\_\_\_

☐ Spring

☐ Fall

☐ Special

☒ September Continuing 2018

☐ Pre-Election \_\_\_\_\_

☐ Termination Report  
also complete Schedule 4

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

Column A  
This Period

Column B  
Calendar  
Year-To-Date

### 1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

\$

0

\$

8,010.00

1B. Contributions from Committees (Transfers-In)

\$

0

\$

125.00

1C. Other Income and Commercial Loans

\$

0

\$

-

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$

0

\$

8,135.00

### 2. DISBURSEMENTS

2A. Gross Expenditures

\$

514.70

\$

971.46

2B. Contributions to Committees (Transfers-Out)

\$

0

\$

0

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$

514.70

\$

971.46

## CASH SUMMARY

Cash Balance Beginning of Report

\$

14,705.49

Total Receipts

\$

0

Subtotal

\$

14,705.49

Total Disbursements

\$

514.70

CASH BALANCE END OF REPORT

\$

14,190.79

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$

-

LOANS (Balance at the Close of This Period-3B)

\$

-

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

John A. VanderLeest

Signature of Candidate or Treasurer

John VanderLeest

Date:

9/25/18

Email

vanderleest@hotmail.com

Daytime Phone:

920-448-4179

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.



**SCHEDULE 2-A**
**DISBURSEMENTS**  
 Gross Expenditures

 Complete Committee Name: Friends of Vanderhoofst

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
8/13/18	Office MAX 2817 Oneida Street Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Paper, ink	\$193.94
8/14/18	Fed Ex office 2279 S. Oneida St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Cutting literature	\$13.89
8/14/18	Ad Smith Inc 1657 Remington Ridge Way De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind Offset	Design	\$67.50
8/20/18	Office MAX 2817 Oneida St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Paper, ink	\$139.27
8/21/18	Fed Ex office 2279 S. Oneida St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Cutting literature	\$13.89
8/23/18	Big Apple Bagels 2321 S. Oneida St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Food for volunteers	\$9.40
8/23/18	Walgreens 2301 S. Oneida St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Water for Volunteers	\$3.17
8/23/18	Fed Ex office 2279 S. Oneida St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Cutting literature	\$7.61

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 448.67
TOTAL ITEMIZED EXPENDITURES	\$ 448.67
TOTAL UNITEMIZED EXPENDITURES	\$ —
TOTAL EXPENDITURES	\$ 448.67

# **SCHEDULE 2-B**

## **DISBURSEMENTS** ~~Contributions To Committees~~ (Transfers-Out)

Gross  
Expenditures



Complete Committee Name

Friends of VanderLeest

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
8/30/18	Office Max 2817 Oneida St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	Purpose Paper, Ink	45.85	
8/30/18	Fed Ex office 2279 S. Oneida St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	Cutting literature	20.18	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL			\$ 66.03	
TOTAL CONTR			\$ —	

\*\*\*End of Report\*\*\*



**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

Friends of Todd Delain

Street Address

3838 Conard Road

City, State and Zip Code

New Franken, WI 54229



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing \_\_\_\_\_ ☐ Pre-Primary \_\_\_\_\_  
☐ July Continuing \_\_\_\_\_ ☐ Spring ☐ Fall ☐ Special ☐ Termination Report  
☒ September Continuing 2018 ☐ Pre-Election \_\_\_\_\_ also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 3710. <sup>00</sup>	\$ 11,836. <sup>62</sup>
1B. Contributions from Committees (Transfers-In)	\$ 100. <sup>00</sup>	\$ 325. <sup>00</sup>
1C. Other Income and Commercial Loans	\$ 0	\$ 0
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 3810. <sup>00</sup>	\$ 12,161. <sup>62</sup>

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 4275. <sup>25</sup>	\$ 7,665. <sup>61</sup>
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 4275. <sup>25</sup>	\$ 7,665. <sup>61</sup>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 4961. <sup>26</sup>
Total Receipts	\$ 3810. <sup>00</sup>
Subtotal	\$ 8771. <sup>26</sup>
Total Disbursements	\$ 4275. <sup>25</sup>
<b>CASH BALANCE END OF REPORT</b>	\$ 4496. <sup>01</sup>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 575. <sup>66</sup>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Sue Porath

Signature of Candidate or Treasurer

Sue Porath

Date:

9-17-2018

Email

slp512@hotmail.com

Daytime Phone:

920-562-3587

**NOTE:** The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

 Page 1 of 3

Complete Committee Name

Friends of Todd Delain

\* September Continuing 2018

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
8/3	Terry DeGrave 237 N. Runsmen Rd Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 20	\$ 20
8/3	Scott Hodgdon 3010 Great Oak Lane Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired doctor	\$ 300	\$ 300
8/3	Earlene Runk 551 Fairway Circle Jefferson, WI 53549 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 100	\$ 100
8/3	Julie Taylor 808 Rose Street Kewaukee, WI 54216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 50	\$ 50
8/3	Craig Janssen 2649 Development Drive Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 125	\$ 125
8/3	Alexander Roitstein 2411 Wandering Springs Circle Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Surgeon	\$ 500	\$ 500
8/8	Dwight Weber 1580 Van Rd Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 25	\$ 25

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

 \$ 1120.<sup>00</sup> 1120.<sup>00</sup>

TOTAL ITEMIZED CONTRIBUTIONS

\$ — —

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ — —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

 \$ 1120.<sup>00</sup> 1120.<sup>00</sup>

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

Page 2 of 3

Complete Committee Name

Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
8/1	James Fitzgerald 1923 Treeland Drive Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 35	\$ 35
8/8	Charleen Rosol 2783 Nicolet Drive Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 50	\$ 50
8/15	Mark Skogen 1724 Lawrence Drive De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Business Owner	\$ 200	\$ 200
8/16	Margaret Kocken 4251 Woodhall Circle Viera, FL 32955 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 50	\$ 50
8/20	James Lewis 2126 Beecher Path The Villages, FL 32162 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 50	\$ 50
8/20	Adam Simpson 924 Chicago Street Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 100	\$ 100
8/22	Tracy Holschbach N. 5359 Mullen Rd Seymour, WI 54165 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 100	\$ 100

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 585.<sup>00</sup> 585.<sup>00</sup>

TOTAL ITEMIZED CONTRIBUTIONS

\$ — —

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ — —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ — —

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

Page 3 of 3

Complete Committee Name

Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
8/22	John Smits 3441 Shadow Court Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Owner Redwood 3230 Main Street Green Bay WI 54311	\$ 1000	\$ 1000
8/31	Marilyn Lemerond 300 W. St. Joseph Green Bay WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 50	\$ 50
8/31	Vi Smithwick 3702 S. Clay Street Green Bay, WI 54201 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 30	\$ 30
8/31	Peggy Shurmer 2687 Longview Ln Suamico WI 54173 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 25	\$ 25
8/31	Katie Nelson 1307 Royal Blvd Green Bay, WI 54303 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Vice President	\$ 900	\$ 900
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 2005.<sup>00</sup> 2005.<sup>00</sup>

TOTAL ITEMIZED CONTRIBUTIONS

\$ 3710.<sup>00</sup> 3710.<sup>00</sup>

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ 0 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 3710.<sup>00</sup> 3710.<sup>00</sup>



**SCHEDULE 1-B**

**RECEIPTS**  
Contributions from Committees  
(Transfers-In)

Page 1 of 1

Complete Committee Name

Friends of Todd Delain

\* September Continuing 2018

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
8/23	Joel C. Kitchens For Assembly P.O. Box 411 Sturgeon Bay, WI 54235 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	\$100
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ \$100
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ \$100

## SCHEDULE 1-C

## RECEIPTS

### Other Income and Commercial Loans

Page 1 of 1

Complete Committee Name

Friends of Todd Delain

\* September Continuing 2018

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
			0
SUBTOTAL OTHER INCOME THIS PAGE			\$ 0
TOTAL ITEMIZED OTHER INCOME			\$ 0
TOTAL OTHER INCOME			\$ 0

**SCHEDULE 2-A**
**DISBURSEMENTS**  
 Gross Expenditures

 Page 1 of 1

Complete Committee Name

Friends of Todd Delain

\* September Continuing 2018

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
8/1	Pay Pal 2211 North First Street San Jose, CA 95131 Check if: <input type="checkbox"/> In-Kind Offset	User expense / fee (James Fitzgerald)	\$ 1.32
8/15	Pay Pal 2211 North First Street San Jose, CA 95131 Check if: <input type="checkbox"/> In-Kind Offset	User expense / fee (Mark Skogen)	\$ 6.10
8/20	Pay Pal 2211 North First Street San Jose, CA 95131 Check if: <input type="checkbox"/> In-Kind Offset	User expense / fee (James Lewis)	\$ 1.75
8/28	Northern Electric Inc 314 North Dane Ave Green Bay, WI 54302 Check if: <input type="checkbox"/> In-Kind Offset	Campaign yard signs 4' x 8' signs 32" x 48" signs	\$ 3047. <sup>68</sup>
8/28	Colortech of Wisconsin Inc 1011 Ashwaubenton Street Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Banner	\$ 316. <sup>50</sup>
8/31	Square 1435 Market Place Suite 600 San Francisco, CA 94103 Check if: <input type="checkbox"/> In-Kind Offset	User expense / Fee (Marilyn Lemerand)	\$ 1. <sup>90</sup>
8/31	Nelson Tactical 1317 Velp Ave Green Bay WI 54303 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Screen Printed T-Shirts	\$ 900

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

 \$ 4275.<sup>25</sup>

TOTAL ITEMIZED EXPENDITURES

 \$ 4275.<sup>25</sup>

TOTAL UNITEMIZED EXPENDITURES

\$ 0

TOTAL EXPENDITURES

 \$ 4275.<sup>25</sup>



**SCHEDULE 2-B**
**DISBURSEMENTS**  
 Contributions To Committees  
 (Transfers-Out)

 Page 1 of 1

Complete Committee Name

Friends of Todd Delain

\* September continuing 2018

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	0	0
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 0	0
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 0	0

## Friends of Todd Delain

\* September Continuing 2018

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
		SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE			
		\$ 0			
		TOTAL ITEMIZED OBLIGATIONS			
		\$ 0			
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS			
		\$ 0			
		TOTAL INCURRED OBLIGATIONS			
		\$ 0			

**SCHEDULE 3-B**

**Loans**  
**Individual, Committee or Commercial**  
**ADDITIONAL DISCLOSURE**

Page 1 of 1

Complete Committee Name

Friends of Todd Delain

\* September Continuing 2018

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
	<u>Todd Delain</u> <u>3838 Conard Road</u> <u>New Franken. WI 54229</u>	<u>\$ 575.66</u>	<u>0</u>	<u>0</u>	<u>\$ 575.66</u>
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding			
		\$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding			
		\$			
Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding			
		\$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding			
		\$			
Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding			
		\$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding			
		\$			

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$ 575.66**\*\*\*End of Report\*\*\***

TOTAL OUTSTANDING LOANS

\$ 575.66



# CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

## COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF TIM THOMAS

Street Address

3442 FINGER ROAD

City, State and Zip Code

GREEN BAY, WZ 54311



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

## NAME OF REPORT

- ☐ January Continuing \_\_\_\_\_ ☐ Pre-Primary \_\_\_\_\_ ☐ Spring ☐ Fall ☐ Special  
☐ July Continuing \_\_\_\_\_ ☐ Pre-Election \_\_\_\_\_ ☐ Termination Report  
☒ September Continuing 18 ☐ also complete Schedule 4

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

### 1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <u>1,788.50</u>	\$ <u>6,795.63</u>
1B. Contributions from Committees (Transfers-In)	\$ <u>0</u>	\$ <u>0</u>
1C. Other Income and Commercial Loans	\$ <u>0</u>	\$ <u>0</u>
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <u>1788.50</u>	\$ <u>6,795.63</u>

### 2. DISBURSEMENTS

2A. Gross Expenditures	\$ <u>1,620.56</u>	\$ <u>5922.37</u>
2B. Contributions to Committees (Transfers-Out)	\$ <u>0</u>	\$ <u>0</u>
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <u>1620.56</u>	\$ <u>5922.37</u>

## CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>705.32</u>
Total Receipts	\$ <u>1788.50</u>
Subtotal	\$ <u>2493.82</u>
Total Disbursements	\$ <u>1620.56</u>
<b>CASH BALANCE END OF REPORT</b>	\$ <u>873.26</u>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <u>0</u>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <u>0</u>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: <u>09-03-18</u>
<u>TIMOTHY P THOMAS</u>	<u>Timothy P Thomas</u>	
	Email <u>ELECTTHOMAS@YAHOO.COM</u>	Daytime Phone: <u>920-321-4532</u>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Complete Committee Name

**FRZEMAS OF TIM THOMAS**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
8/01/18	TIMOTHY THOMAS 3442 FINGER ROAD GREEN BAY, WZ 54311  Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	DEPUTY SHERIFF	134 <sup>70</sup>	
08/01/18	JUDY WITTEG 837 LIEBMAN COURT GREEN BAY, WZ 54302  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		35 <sup>00</sup>	
08/10/18	ROSE DYER 2202 SUNNYMEDE LN GREEN BAY, WZ 54311  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		100 <sup>00</sup>	100 <sup>00</sup>
08/13/18	TIMOTHY THOMAS 3442 FINGER ROAD GREEN BAY, WZ 54311  Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	DEPUTY SHERIFF	1098 <sup>80</sup>	2,902 <sup>29</sup>
8/18/18	JUDY FRITZ 2120 SUNNYMEDE LN GREEN BAY, WZ 54311  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		40 <sup>00</sup>	40 <sup>00</sup>
8/24/18	JUDY WITTEG 837 LIEBMAN CT GREEN BAY, WZ 54302  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		40 <sup>00</sup>	
8/24/18	DANIEL JUNG 1323 HILLCREST HTS GREEN BAY, WZ 54313  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		50 <sup>00</sup>	50 <sup>00</sup>

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1498.50

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1788.50

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 1788.50

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

Page 2 of 2

Complete Committee Name

FRZENDS OF TIM THOMAS

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
8/23/18	JUDY WITTEG 837 LIEBMAN CT Green Bay, WI 54302		40 <sup>00</sup>	115 <sup>00</sup>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
8/30/18	WILLIAM KRESS PO BOX 19017 Green Bay WI 54307	CEO Green Bay Packaging	250 <sup>00</sup>	250 <sup>00</sup>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 290

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1788.50

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 1788.50



**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page 1 of 1

Complete Committee Name

FRIENDS OF TIM THOMAS

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
8/01/18	LUNAR STUDIO LLC. 1726 JONATHAN COURT DE PERE WZ 54115 Check if: <input type="checkbox"/> In-Kind Offset	GRAPHIC ARTIST WORK	\$40 <sup>05</sup>
08/01/18	OFFICE DEPOT 2350 E. MASON ST. GREEN BAY, WZ 54302 Check if: <input checked="" type="checkbox"/> In-Kind Offset	COFFEE & FLYERS	134 <sup>70</sup>
08/01/18	ACT BLUE P.O. BOX 441146 SOMERVILLE, MA 02144 Check if: <input type="checkbox"/> In-Kind Offset	ACCOUNT FEE	1.39
8/10/18	ACT BLUE P.O. BOX 441146 SOMERVILLE, MA 02144 Check if: <input type="checkbox"/> In-Kind Offset	ACCOUNT FEE	3 <sup>95</sup>
8/13/18	VICTORY STORE 5200 SW 30TH STREET DAVENPORT, IOWA 52802 Check if: <input checked="" type="checkbox"/> In-Kind Offset	CAMPAIGN SIGNS	1,098 <sup>80</sup>
8/08/18	PRINT RUNNER 8050 HASKELL AVE VAN NUYS, CA 91406 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN STICKERS	332 <sup>07</sup>
8/26/18	ACT BLUE P.O. BOX 441146 SOMERVILLE, MA 02144 Check if: <input type="checkbox"/> In-Kind Offset	ACCOUNT FEE	9.65

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 1620<sup>56</sup>

TOTAL ITEMIZED EXPENDITURES

\$ 1620<sup>56</sup>

TOTAL UNITEMIZED EXPENDITURES

\$ 0

TOTAL EXPENDITURES

\$ 1620<sup>56</sup>

\*\*\*End of Report\*\*\*

**SCHEDULE 1-B****RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Committee Ethics ID Number	Amount of Contribution
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE \$

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES \$

**SCHEDULE 1-C**

**RECEIPTS**  
Other Income and Commercial Loans

Page \_\_\_\_\_ of \_\_\_\_\_

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

[illegible]

# **SCHEDULE 2-B**

## **DISBURSEMENTS** **Contributions To Committees** **(Transfers-Out)**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE			\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			\$	

**SCHEDULE 3-A****Incurred Obligations Excluding Loans  
ADDITIONAL DISCLOSURE**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE

\$

TOTAL ITEMIZED OBLIGATIONS

\$

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$

TOTAL INCURRED OBLIGATIONS

\$



**SCHEDULE 3-B****Loans**  
**Individual, Committee or Commercial**  
**ADDITIONAL DISCLOSURE**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /				

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /				

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /				

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$

TOTAL OUTSTANDING LOANS \$